

percent, and there has been a sharp decline in new AIDS cases in infants and children.

However, we know that our battle against AIDS is far from over. As we continue to search for a cure and a vaccine to protect every American, our support for programs like the CARE Act is essential. We owe a special thanks to Senators Kennedy, Jeffords, and Frist and Representatives Waxman and Coburn, and to the many AIDS advocates and organizations, for their tireless efforts in guiding this bill to enactment.

NOTE: S. 2311, approved October 20, was assigned Public Law No. 106-345. This item was not received in time for publication in the appropriate issue.

Statement on Signing the Ryan White CARE Act Amendments of 2000

October 20, 2000

Ten years ago, shortly after Ryan White's death, the Congress chose to build a legacy in his memory. As a young man, Ryan White changed the world, and so has the program that bears his name. Today I am pleased to sign into law S. 2311, the "Ryan White CARE Act Amendments of 2000," which reauthorizes and expands health care and essential support services to hundreds of thousands of Americans living with HIV and AIDS.

The reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is the cornerstone of my Administration's domestic HIV and AIDS care and treatment effort, and one of its top legislative priorities. The broad-based bipartisan support in the Congress for the reauthorization of this vital program sends a clear and strong message that together we can bring care and compassion to our fellow citizens living with HIV and AIDS. I am pleased that during my Administration, funding for the CARE Act program has increased over 300 percent. For fiscal year 2001, this landmark program will receive more than \$1.7 billion.

Today, the CARE Act has become a model for health care delivery not only in the United States, but around the world. It is a shining example of the good that can come

from collaboration, coordination, and concerted action. The CARE Act has brought together Republicans and Democrats, cities and States, hospitals and community-based organizations, providers, and people living with AIDS—and the results are a tribute to the power of public-private partnerships. It has created a continuum of care that is both compassionate and cost-effective—one that saves both lives and money.

When the CARE Act was originally created, we were sadly unable to do much for those who were sick, and many of the services provided were designed to help people die with dignity. Thankfully, much has changed. The CARE Act is now solidly about *living* with HIV and AIDS. Since its last reauthorization, biomedical research has brought hope and renewed optimism with the discovery of protease inhibitors and combination therapies. The CARE Act has made the promise of biomedical research a reality in the lives of people living with HIV and AIDS in every corner of this country.

Last year alone, approximately one hundred thousand people living with HIV and AIDS received access to drug therapy because of the CARE Act. This is particularly important given that half of the people served by the CARE Act have family incomes of less than \$10,000 a year—and the new drug "cocktails" cost more than \$12,000 annually. We know all too well that the drugs are not enough. Primary care and support services are vital to ensuring both access and adherence to these complex drug regimens. It is this comprehensive package of essential services that the CARE Act provides—and with impressive results.

The CARE Act has helped to reduce both the frequency and length of expensive inpatient hospitalizations, lowered AIDS mortality, reduced mother-to-child transmission, and enhanced both the length and quality of life for people living with AIDS. The Act has also provided a mainstay of essential health and related support services to individuals living with HIV disease and their families—crucial services in our progress against this relentless disease.

The CARE Act also serves those most in need. Nearly six out of every 10 people served by the CARE Act are poor. They are

also 5 times more likely to be uninsured than those receiving care elsewhere; nearly 3 times more likely to be African Americans; and 50 percent more likely to be women. Clearly the CARE Act has followed the path paved by this epidemic—but challenges remain as HIV and AIDS move deeper into underserved communities already plagued by poverty, homelessness, and substance abuse, and as treatment demands and costs continue to rise. It is these challenges that the reauthorization of the CARE Act is designed to address.

S. 2311 will continue the tradition of locally defined care and treatment that are the mainstay of the original CARE Act. It will also improve the programs of the CARE Act in several ways my Administration recommended, including: (1) expanding access to essential care for historically underserved individuals, including racial and ethnic minorities, women, and youth; (2) establishing a stronger link between HIV prevention, diagnosis, and treatment efforts to make sure people get the care they need once they learn they are HIV positive; (3) improving the quality of care to make sure all people with HIV get state-of-the-art treatment; and (4) reducing existing barriers within the AIDS Drug Assistance Program to ensure that more people living with HIV disease have access to lifesaving therapeutics.

I want to thank some individuals in my Administration, the Congress, and perhaps most importantly, the AIDS community for their tireless efforts and determination in guiding this bill to enactment. We all owe thanks to Secretary of Health and Human Services, Donna Shalala; the Surgeon General, Dr. David Satcher; Drs. Earl Fox and Joseph O'Neill of the Health Resources and Services Administration; and Sandy Thurman, Director of our White House AIDS Office. In addition, this bill clearly would not have become law without the dedication of Senators Kennedy, Jeffords, and Frist and Representatives Waxman and Coburn. Finally, I am particularly grateful for the assistance of the many and varied organizations who came together to extend this legacy of care and compassion for individuals and families living with HIV disease.

HIV and AIDS have touched communities in each and every State across this country. In big cities and rural towns, the disease continues to devastate individuals, families, and communities, leaving them impoverished, suffering, and in dire need of medical care and support. We hope that in the not-so-distant future we will have even better therapies and someday an effective vaccine. But in the meantime, we are grateful for the CARE Act, which, through its essential services, has allowed individuals to live longer and healthier lives. The programs contained in this bill are literally a lifeline for individuals with HIV disease. For this reason, I am extremely pleased to sign S. 2311.

William J. Clinton

The White House,
October 20, 2000.

NOTE: S. 2311, approved October 20, was assigned Public Law No. 106-345. This item was not received in time for publication in the appropriate issue.

Proclamation 7368—National Day of Concern About Young People and Gun Violence, 2000

October 20, 2000

*By the President of the United States
of America*

A Proclamation

Every day in America, approximately 10 children are shot and killed. Children 15 years old and younger are murdered with firearms at a higher rate in this country than in 25 other industrialized countries combined. These tragedies are an urgent reminder that we must not waver in our national commitment to reduce gun violence and to make our society safer for our children.

We are beginning to see some progress in our efforts. Since 1992, the national violent crime rate has dropped by more than 20 percent; violent crimes committed with firearms have dropped by 35 percent; and the firearms homicide rate has fallen over 40 percent. We have achieved much of this